

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Attorney Docket Number	M0656.70046US00
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ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Certificate of Correction; Certificate of Correction
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Janice A. Vatland, Ph.D.		
Date	January 23, 2009	Reg. No.	52,318

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: January 23, 2009

Signature:  (Michelle M. Quinn)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEETRANSMITTAL
For FY 2009** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 100.00)

Complete if Known

Application Number	Patent#:
Filing Date	Issued: June 6, 2006
First Named Inventor	Ram Sasisekharan
Examiner Name	R. G. Hutson
Art Unit	1652
Attorney Docket No.	M0656.70046US00

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 23/2825		Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	330	165	540	270	220	110
Design	220	110	100	50	140	70
Plant	220	110	330	165	170	85
Reissue	330	165	540	270	650	325
Provisional	220	110	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity
Fee (\$)	Fee (\$)

52 26

Each independent claim over 3 (including Reissues)

220 110

Multiple dependent claims

390 195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	- or HP =	_____ x _____ =	_____

HP = highest number of total claims paid for, if greater than 20.

Fee (\$)	Multiple Dependent Claims
Fee (\$)	Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	- or HP =	_____ x _____ =	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/50 =	(round up to a whole number) x	=

Fees Paid (\$)

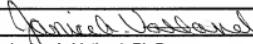
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1811 Certificate of correction

100.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	52,318	Telephone	617.646.8000
Name (Print/Type)	Janice A. Vatland, Ph.D.	Date	January 23, 2009		

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Dated: January 23, 2009

Signature:  Michelle M. Quinn